|   |  |   |               |                                   |                   |                  |        |                    | Application or Docket Number |           |                     |                        |  |  |
|---|--|---|---------------|-----------------------------------|-------------------|------------------|--------|--------------------|------------------------------|-----------|---------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECOR  Effective October 1, 2003                 |  |   |               |                                   |                   |                  |        |                    | 147                          | 7/9       | Jan /               |                        |  |  |
| 1/07/11/00  |  |   |               |                                   |                   |                  |        |                    |                              |           |                     |                        |  |  |
| CLAIMS AS FILED - PART I (Column_1) (Column 2)  |  |   |               |                                   |                   |                  |        | SMALL<br>TYPE      | ENTITY                       | OF        | OTHER<br>SMALL      |                        |  |  |
| TO  | TAL CLAIMS                                       |   | - 1           | 5                                 |                   | •                |        | RATE               | FEE                          | 7         | RATE                | FEE ·                  |  |  |
| FOR   |  |   | NUMBER FILED  |                                   | NUMBER EXTRA      |                  |        | BASIC FE           | 385.00                       | OR        | BASIC FEE           | 770.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | () minus 20=  |                                   | •                 |                  |        | XS 9=              |                              | OR        | X\$18=              |                        |  |  |
| INDEPENDENT CLAIMS .  |  |   | / minus 3 =   |                                   | •                 |                  | Ì      | X43=               |                              | OR        | X86=                |                        |  |  |
| MU  | LTIPLE DEPEN                                     | NDENT CLAIM PI                                | RESENT        |                                   |                   |                  |        | +145=              |                              | OR        | ÷290=               |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |               |                                   |                   |                  |        | TOTAL              | <del>-  </del>               | OR        | TOTAL               | 200                    |  |  |
| DN / / CLAIMS AS AMENDED - PART II  |  |   |               |                                   |                   |                  |        |                    | <u> </u>                     | ] 0.,     | OTHER               | THAN                   |  |  |
| (Column 1) (Column 2) (Column 3)  |  |   |               |                                   |                   |                  |        | SMALL              | ENTITY                       | OR        | SMALL               |                        |  |  |
| AMENDMENT A   | •  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT     |               | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>JUSLY      | PRESENT<br>EXTRA | ,      | RATE               | ADDI-<br>TIONAL<br>FEE       |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total  | . /9  | Minus         | •                                 | D                 | = /              |        | XS 9=              |                              | OR        | X\$18=              |                        |  |  |
|   | Independent                                      | . /   | Minus         | ***                               | 3                 | <del>-</del>     |        | X43=               |                              | OR        | X86=                |                        |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM . |   |               |                                   |                   |                  |        | +145=              |                              | OR        | +290=               | /                      |  |  |
|   |  |   |               |                                   |                   |                  | L      | TOTA               | _                            |           | TOTAL<br>ADDIT, FEE |                        |  |  |
| (Column 1) (Column 2) (Column 3)  |  |   |               |                                   |                   |                  |        |                    | = <u> </u>                   |           | ADDII. FEE          |                        |  |  |
| AMENDMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT              | ·             | HIĞHI<br>NUME<br>PREVIO<br>PAID F | ST<br>BER<br>USLY | PRESENT<br>EXTRA |        | RATE               | ADDI-<br>TIONAL<br>FEE       |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total  | •   | Minus         | **                                |                   | = .              |        | XS 9=              |                              | OR        | X\$18=              |                        |  |  |
|   | Independent                                      | •   | Minus         | ***                               |                   | =                |        | X43=               |                              | OR        | X86=                |                        |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |               |                                   |                   |                  |        | +145=              |                              | OR        | +290=               |                        |  |  |
|   |  |   |               |                                   |                   |                  |        | TOTAL<br>DDIT. FEE |                              | OR        | TOTAL<br>ADDIT. FEE |                        |  |  |
| (Column 1) (Column 2) (Column 3)  |  |   |               |                                   |                   |                  |        | •                  |                              | _         |                     |                        |  |  |
|   | •  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT     | •             | HIGHE<br>NUMB<br>PREVIO<br>PAID F | IER<br>USLY       | PRESENT<br>EXTRA |        | RATE               | ADDI-<br>TIONAL<br>FEE       |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total  | •   | Minus         | **                                |                   | =                |        | X\$ 9=             |                              | OR        | X\$18=              |                        |  |  |
|   | Independent                                      |   | Minus         | ***                               |                   | = .              |        | X43=               |                              | OR        | X86=                |                        |  |  |
|   | FIRST PRESE                                      | IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |               |                                   |                   |                  |        |                    | <b> </b>                     |           | .000                |                        |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |               |                                   |                   |                  |        |                    |                              | OR        | +290=<br>TOTAL      |                        |  |  |
|   |  |   |               |                                   |                   |                  |        |                    |                              |           | ADDIT. FEE          |                        |  |  |
| . 1   | he *Highest Num                                  | iber Previously Paid                          | For (Total or | Independe                         | n1) is the        | nighest number   | r toun | o in the ap        | opropriate bo                | k in coli | umn 1.              |                        |  |  |